

JUN 15 2005

K050998

1 of 2

## 510(K) SUMMARY

This 510(k) summary of safety and effectiveness information is submitted in accordance with the requirements of the Safe Medical Devices Act (SMDA) of 1990. The contents of the 510(k) summary have been provided in conformance with 21 CFR §807.98.

Date Prepared: April 15, 2005

Sponsor	Confluent Surgical, Inc. 101A First Avenue Waltham, MA 02451
Contact	Eric Ankerud Phone: (781) 693 2333 Fax: (781) 693 2363 E-mail: <a href="mailto:eankerud@confluentsurgical.com">eankerud@confluentsurgical.com</a>
Device Trade/Proprietary Name	Confluent Surgical MicroMyst Applicator and Air Pump
Classification Name	Piston Syringe (21 CFR 880.5860) Class II Product Code: FMF
Common Name	MicroMyst Applicator and Air Pump
Predicate Device(s)	HemaMyst Surgical Applicator System FibriJet Aerosol Applicator
<b>DEVICE DESCRIPTION</b>	
Product Description	The MicroMyst Applicator and Air Pump will be configured using the following components: <ul style="list-style-type: none"><li>• Applicator with flexible tip</li><li>• Air line with filter</li><li>• Air Pump</li></ul>
Indications for Use	The Confluent Surgical MicroMyst Applicator and Air Pump is indicated for use in the simultaneous delivery of two non- homogenous fluids or solutions onto a surgical site.

## Safety and Performance

Biocompatibility data and results of bench testing have been provided to support the safety and performance of the Confluent Surgical MicroMyst Applicator and Air Pump.

The data provided support that the MicroMyst Applicator and Air Pump is substantially equivalent to the currently marketed HemaMyst Surgical Applicator System (K994023) and the FibriJet® Aerosol Applicator (K 012868)

---

## Conclusion

Based on 1) safety and performance data, and 2) similarities in indication for use, operating principle, components and materials the Confluent MicroMyst Applicator and Air Pump has been shown to be substantially equivalent to a predicate device under the Federal Food, Drug and Cosmetic Act.

---



Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

JUN 15 2005

Mr. Eric P. Ankerud  
Vice President, Clinical, Regulatory & Quality  
Confluent Surgical, Incorporated  
101A First Avenue  
Waltham, Massachusetts 02451

Re: K050998

Trade/Device Name: Confluent Surgical MicroMyst™ Applicator and Air Pump  
Regulation Number: 880.5860  
Regulation Name: Piston Syringe  
Regulatory Class: II  
Product Code: FMF  
Dated: April 15, 2005  
Received: April 21, 2005

Dear Mr. Ankerud:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

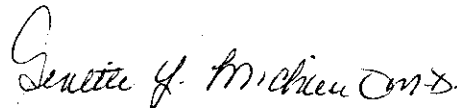
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/industry/support/index.html>.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Genette Y. Michien MD".

Chiu Lin, Ph.D.

Director

Division of Anesthesiology, General Hospital,

Infection Control and Dental Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

K050998  
1 of 1

## Indications for Use Statement

510(k) Number (if known): K050998

Device Name: Confluent Surgical MicroMyst™ Applicator and Air Pump

Indications For Use: The Confluent Surgical MicroMyst Applicator and Air Pump is indicated for use in the simultaneous delivery of two non-homogenous fluids or solutions onto a surgical site.


Prescription Use X  
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use \_\_\_\_\_  
(21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

  
(Division Sign-Off)  
Division of Anesthesiology, General Hospital,  
Infection Control, Dental Devices

510(k) Number: K050998

Page 1 of 1